



Transfer of Ownership

FROM: _____
ADDRESS: _____

PHONE: _____

The below listed spaces are established in the name(s) of _____, which were paid in full on (date) , receipt number .

I/We, _____, as owner, next of kin, or descendent of above (relationship: _____) authorize the following person(s) to have interment rights in the space(s) below:

LOCATION: _____

ASSIGNED TO: _____

COMMENTS:

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

NOTARY: _____ DATE: _____

NOTARY SEAL:

CEMETERY OFFICE COPY